

APPLICATION DATA SHEET

APPLICATION INFORMATION

Application Number::	Not Yet Assigned
Filing Date::	Filed Concurrently Herewith
Application Type::	Regular
Subject Matter::	Utility
CD-ROM or CD-R?::	None
Computer Readable Form (CRF)?::	No
Title::	A SUPPORT ARRANGEMENT FOR USE IN SUPPORTING A BONE DURING A SURGICAL OPERATION
Attorney Docket Number::	5000-053079
Request for Early Publication?::	No
Request for Non-Publication?::	No
Total Drawing Sheets::	6
Small Entity?::	Yes
Secrecy Order In Parent Appl.?::	No

APPLICANT INFORMATION

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Australia
Status::	Full Capacity
Given Name::	Eugene
Family Name::	SHERRY
City of Residence::	Penrith
State or Province of Residence::	New South Wales
Country of Residence::	Australia
Street of Mailing Address::	108 Lethbridge Street
City of Mailing Address::	Penrith
State or Province of Residence::	New South Wales
Country of Mailing Address::	Australia
Postal or Zip Code of Mailing Address::	2750

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Australia
Status::	Full Capacity
Given Name::	Michael
Family Name::	EGAN
City of Residence::	Blacktown
State or Province of Residence::	New South Wales
Country of Residence::	Australia
Street of Mailing Address::	62 Tulloch Street
City of Mailing Address::	Blacktown
State or Province of Residence::	New South Wales
Country of Mailing Address::	Australia
Postal or Zip Code of Mailing Address::	2148

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Australia
Status::	Full Capacity
Given Name::	Bob
Family Name::	LYE
City of Residence::	Brookvale
State or Province of Residence::	New South Wales
Country of Residence::	Australia
Street of Mailing Address::	6 Roger Street
City of Mailing Address::	Brookvale
State or Province of Residence::	New South Wales
Country of Mailing Address::	Australia
Postal or Zip Code of Mailing Address::	2100

CORRESPONDENCE INFORMATION

Correspondence Customer Number::	28289
----------------------------------	-------

REPRESENTATIVE INFORMATION

Representative Customer Number::	28289	
---	--------------	--

FOREIGN PRIORITY INFORMATION

Country::	Application number::	Filing Date::	Priority Claimed::
WIPO	PCT/AU2004/000486	04/14/2004	Yes
AU	2003901738	04/14/2003	Yes

ASSIGNMENT INFORMATION

Assignee Name::

INTERNATIONAL PATENT OWNERS
(CAYMAN) LIMITED

Street of Mailing Address::

Walker House, P.O. Box 908GT, Mary
Street

City of Mailing Address::

Grand Cayman

Country of Mailing Address::

Cayman Islands